

WORKER SURVEY for draft EA-117/EA-119

Please mark the box to indicate which form you are reviewing:

☐ EA-117 **OR** ☐ EA-119 **OR** ☐ Documentation Sheet

1. **YES NO** Do you think this draft application/form is an improvement over the current application/form?

If no, explain: _____

2. **YES NO** Is there any question or section of the application/form that seems difficult for the client to complete?

If yes, explain: _____

3. If you could change any thing about this application/form what would it be? _____

4. List any additional comments you think would help to improve this application/form: _____

*If you need more space, use the back side.

THANK YOU FOR YOUR HELP!

Name (optional): _____ Date Completed: _____

Please return the completed survey to the contact person in your area.